

State of Connecticut
GENERAL ASSEMBLY



Medical Assistance Program Oversight Council
Care Management (PCCM/PCMH) Committee

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Co-Chairs: Rep. Michelle Cook & Rep. Hilda Santiago

MEETING MINUTES

Wednesday, May 13, 2015

10:00 AM in ROOM 1A OF THE LOB

Attendance is on Record with the Council.

I. The meeting was called to order at 10:01 PM by the Chair, Representative Santiago. She explained that Co-Chair, Rep. Cook had a scheduling conflict.

Introductions were made by those in attendance.

II. Kate McEvoy began by reviewing business from the last meeting which included two documents previously distributed. Feedback was used to edit both documents from the last meeting (See Attachments).

http://cga.ct.gov/med/committees/med1/2015/0513/20150513ATTACH_A%20Brief%20Primer%20on%20MQISSP%20revised%205-10-15.pdf

http://cga.ct.gov/med/committees/med1/2015/0513/20150415ATTACH_MAPOC%20Care%20Management%20Committee%20DRAFT%20MQISSP%20Stakeholdering%20Timeline.pdf

Kate explained that specific months were not referenced because DSS had not formally asked CMS for an extension yet.

Steve and Ellen commented on the shared savings payments. Kate explained why DSS planned the care coordination payments to only be made to FQHC's.

Rep. Santiago asked the people who joined to make introductions.

Following no further questions on the first two documents, Kate McEvoy moved to subsection A, and discussed the Memo that was distributed at the last meeting on MQISSP (See Attachment).

http://cga.ct.gov/med/committees/med1/2015/0513/20150513ATTACH_MQISSP%20Clinical%20Quality%20Measure%20Proposal%204-14-15.pdf

The memo was redistributed to the committee. Kate McEvoy went over the task of the program.

Kate called attention to the measure set that is currently used for PCMH depicted on p. 2 of the above mentioned memo. She explained why DSS believed the measures for PCMH were a good starting point for formulating the MQISSP measures.

For discussion purposes Kate explained that the committee would utilize the broad measures that are implied through Medicaid as shown in the documents; Exhibit E and the Sim Quality Measure Set (See Attachments). She went over some procedural notes and some of the necessary revisions/ modifications that could be discussed.

http://cga.ct.gov/med/committees/med1/2015/0513/20150513ATTACH_CHNCT%20Medical%20ASO%20contract%20exhibit%20E%20reporting%20matrix.pdf

http://cga.ct.gov/med/committees/med1/2015/0513/20150513ATTACH_Appendix%20-%20Provisional%20SIM%20Quality%20Council%20Measure%20Set%205-13-15.pdf

Sharon Langer asked if not changing anything with PCMH was a way of comparing models. Kate explained the range of integration projects and usefulness in comparing.

Sheldon Toubman received clarification on the overlap of the project beneficiaries and expressed concern over comparisons.

Clarification was made on the eligibility of FQHC's and the difference of PCMH and MQISSP.

Lisa Honigfeld asked for details on how the measures were drafted and decided upon. Dr. Zavoski explained the process and history. Lisa found some of the measures to not be appropriate in the context of the program. Discussion followed on the conscripting of the final measures. Lisa also added her concern over dental services.

Ellen Andrews expressed her interest in looking at the quality measures and being open to adding more and making the list more defined to make sure that quality isn't lost to savings.

Dr. Zavoski explained what the measure set being displayed was showing compared to Exhibit E (above). Conversation began with Dr. Zavoski and Ellen Andrew as he explained the challenges of the measures and concerns were shared.

Steven Frayne questioned if a presentation on how the incentives and shared savings would work was appropriate and if they relate to each other.

Kate answered Steven's questions and explained that she would be presenting relevant information to the SIM Council on Thursday. She also stated in 2012 the department launched PCMH and the legislature elected to remove FQHC's from the payments. Care coordination

payments will be given to qualifying FQHC's unique to MQISSP. Steven expressed his opinion on the initiative and the measures. Conversation began between Steven, Dr. Zavoski and Kate.

Kate explained Mercer's intentions to convene a webinar for further conversation.

Jane McNicol gave her opinion that a number of measures should not be set and doesn't want the committee thinking too low.

Mike Corjulo agreed and explained that he did not find the number of measures relevant but rather the quality of the measure. The process of combining and forming measures was explained. Dr. Zavoski clarified what he said; stating that limiting the measures should only be done to those in which payments are involved.

Mark Schaefer added his concerns over ED utilization measures that don't take into account risk.

Ellen added her comments on the number of measures and spreading them out to make sure everyone is receiving quality care.

Sheldon explained the layers of quality measures and needing to have a robust set. He gave an example of the duals initiative measures and compared that to MQISSP.

Kate explained the measures set in the duals initiative and added for point of reference that CMS gave a list of 15. The state proposed four that were state specific. She added that all of the comments would be used to help determine a final list based on reactions.

Kate gave members a few minutes to compare and contrast the two measure sets that were provided (See above Attachments). She clarified the intent of the meeting would be to discuss whether to augment or substitute measures. Technical Issues on the updating of measures would be made. She added that they would not be setting a timeline and that they would be looking for general consensus from the committee. Mike Corjulo asked for clarification and gave his opinion that it is hard to make determinations when the measures do not contain definitions.

DSS explained the behavioral health measure and continued discussion with Mike on what the measure entails. Mike and Lisa Honigfeld engaged in conversation sharing their opinion of what is most important

Jesse White-Frese shared her opinion on the presented measures, adding comments and recommendations.

Ellen stated that she would give her comments in writing and briefly discussed what she believed was missing.

Stephen Frayne stated that he believed the PCMH list was a good place to start and found that it would be helpful to specify exactly what measure is being referred to because overtime performance should be compared for Medicaid to Connecticut overall. Discussion followed on comparisons in Medicaid and the impact Lead has on health.

Lisa Honigfeld added comments on Lead screening.

Sheldon added his own comments on the above conversation and asked for clarification on the task of the meeting and what should be added to which list. Kate explained the focus of the meeting.

Sharon Langer added her support of lead screening.

Jesse White-Frese asked if it was possible that there be a number of core measures that are used in both programs and measured in the same way, to be used for comparison. Kate added that DSS agreed.

Mike Carjulo added comments to the scope of the measures.

Kate thanked everyone for their remarks and asked that any additional suggested measures or comments be sent to her email address. She reiterated that a webinar would be held in the future.

Mark added as a point of clarification what SIM and the quality council were looking for from the Care Management committee and ultimately DSS. Discussion followed on the room for improvement and SIM working with NCQA.

Sheldon expressed his concerns with the timeline. Mark explained that he believed that was part of what the subcommittee needed to decide and went over the proposed timeframe. Discussion followed on the timing relative to final decisions.

III. The meeting was adjourned at 11:44.